This Page Is Inserted by IFW Operations and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS.
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

As rescanning documents will not correct images, please do not report the images to the Problem Image Mailbox.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

As the below named inventor(s), I/we declare that:			25335A		
This declaration is directed to:					
☐ The attach	ed application, or				
X Application	No	, filed on June 26,	2003		
	ended on				
I/we believe that I/we am/are the ori which a patent is sought;	ginal and first inventor(s) of	the subject matter which	n is claimed and for		
I/ we have reviewed and understand amended by any amendment specif	I the contents of the above- ically referred to above;	identified application, inc	cluding the claims, as		
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all Information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and					
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.					
FULL NAME OF INVENTOR(S)					
Inventor one: Daviđ w	Thomas				
Signature: OM 17	7 Citizen	of: <u>us</u>			
Inventor two:					
Signature:	Citizen	of:			
Inventor three:					
Signature:	Citizen	of:			
Inventor four:					
Signature:	Citizen	of:			
☐ Additional inventors are being named on	additional fo	rm/s) attached hereto			

Burden Hour, Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S., Patent and Trademark Office, Washington, DC 20231, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

and of the contraction of the co Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Unknown
June 26, 2003
Thomas
Unknown
Unknown
25335A

I hereby app	oint:	, , , , , , , , , , , , , , , , , , , 			
X Practiti		22889	Place Customer Number Bar Code Label here		
	Name		Registration Number		
			region and realises		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number.					
OR					
Firm or Individual N	ame				
Address					
Address					
City		State	Zip		
Country			1 7 7		
Telephone		Fax			
I am the:					
X Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	David W. Thomas				
Signature	(). A M				
Date	7/1/03				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
☐ 'Total offorms are submitted.					
		*			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Timo will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Assistant Commissioner for Patents. Washington, DC 20231.